

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Chris J Peterson

Mailing Address 7455 Fern Ct

City

Greenfield

State

MN

Zip Code

55357-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacred Heart Medical Center

Occupation

CRNA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2012

Transaction ID : 34632772

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Robert G Ludwig

Mailing Address 2597 E 1200 North Rd

City

Assumption

State

IL

Zip Code

62510-8022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Becatur memorial hospital

Occupation

CRNA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2012

Transaction ID : 34632775

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jennifer K Schwarz

Mailing Address 11875 S Acuff Ln

City

Olathe

State

KS

Zip Code

66062-6580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Truman Medical Center

Occupation

CRNA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : 34632776

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

980.00

TOTAL This Period (last page this line number only)..... ►